

Pulmonary Arterial Hypertension (PAH) Agents (Oral/Inhalation)

Medical policy no. 40.12.00-1

Effective Date: August 1, 2018

Background:

Pulmonary arterial hypertension (PAH) is a rare, progressive disorder characterized by high blood pressure (hypertension) in the arteries of the lungs (pulmonary artery) for many different reasons, with the most common being idiopathic PAH. The pulmonary arteries are the blood vessels that carry blood from the right side of the heart through the lungs. Symptoms of PAH include shortness of breath (dyspnea) especially during exercise, chest pain, and fainting episodes.

Medical necessity

Drug	Medical Necessity
Endothelin Receptor Antagonists	Agents may be considered medically necessary when used for the
• ambrisentan (LETAIRIS®)	treatment of pulmonary hypertension
• bosentan (TRACLEER®)	
macitentan (OPSUMIT®)	Non-preferred products require a trial of sildenafil (generic REVATIO®)
Phosphodiesterase Inhibitors (PDEI)	and two (2) preferred products in the same subclass unless
• sildenafil citrate (REVATIO®)	contraindicated or only one preferred product is available
tadalafil (ADCIRCA®)	, , , , , , , , , , , , , , , , , , , ,
Prostacyclin Receptor Agonists	
selexipag (UPTRAVI®)	
Prostaglandin Vasodilators	
• iloprost (VENTAVIS®)	
• treprostinil (ORENITRAM®)	
• treprostinil (TYVASO®)	
Soluble Guanylate Cyclase (SGC)	
Stimulator	
• riociguat (ADEMPAS®)	

Clinical policy:

Clinical Criteria	
Pulmonary Arterial Hypertension	1. Diagnosis of pulmonary arterial hypertension confirmed by, or contraindication to right heart catheterization a. History of ONE of the following: i. Currently on any therapy for diagnosis of pulmonary arterial hypertension (PAH) ii. BOTH of the following: 1. History of failure, contraindication or intolerance sildenafil (generic Revatio®)

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Last Updated 07/31/2018



	History of failure, contraindication or intolerance to a preferred product in the same subclass with the same indication Prescribed by or in consultation with a cardiologist or pulmonologist Approve for 12 months Criteria (Reauthorization) Documentation of positive clinical benefit
	Approve for 12 months
Chronic Thromboembolic Pulmonary Hypertension (CTEPH) (WHO Group 4)	 Diagnosis of persistent/recurrent Chronic Thromboembolic Pulmonary Hypertension (CTEPH) (WHO Group 4) and ALL of the following: a. Current anticoagulant therapy OR history of failure, contraindication, or intolerance to anticoagulant therapy b. History of ONE of the following:

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